



**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

21CV1147

**FORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT  
(Non-Prisoner Context)**

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

**1. CAPTION OF ACTION**

**A. Full Name of Plaintiff:** NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.

Dr. Sharon Denise Ervin

-vs-

**B. Full Name(s) of Defendant(s)** NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.

- |  |          |
|--|----------|
| 1. <u>James L. Mohr - Pres. Niagara University</u> | 4. _____ |
| 2. <u>Niagara University - Pre - Med - Dept</u>    | 5. _____ |
| 3. _____   | 6. _____ |

**2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT**

*All of these sections MUST be answered*

*Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.*

**A. Basis of Jurisdiction in Federal Court:** I am a medical student, from Niagara University. I completed my qualitative study. When I arrived to N.U. 6/1/21. They said that I had nothing State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

**B. Reason for Venue in the Western District:** \_\_\_\_\_

*Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.*

**C. Nature of Suit:** Civil

**3. PARTIES TO THIS ACTION**

**PLAINTIFF'S INFORMATION** NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name of First Plaintiff: James L. Mohr - Pres. Niagara University  
Present Address: Lewiston N.Y. Niagara University N.Y.

Name of Second Plaintiff: Dr. Greene - Dean of Pre-med

Present Address: Lewiston N.Y. Niagara University N.Y.

**DEFENDANT'S INFORMATION** NOTE: To list additional defendants, use this format on another sheet of paper.

Name of First Defendant: Dr. Sharon Denise Ervin

Official Position of Defendant (if relevant): Doctor of medicine

Address of Defendant: 551 Ellicott Street, BUFF. N.Y. 14203

Name of Second Defendant: \_\_\_\_\_

Official Position of Defendant (if relevant): \_\_\_\_\_

Address of Defendant: \_\_\_\_\_

Name of Third Defendant: \_\_\_\_\_

Official Position of Defendant (if relevant): \_\_\_\_\_

Address of Defendant: \_\_\_\_\_

**4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT**

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): Niagara University · Dr. Greene, James L. Mohr

Defendant(s): Dr. Sharen Denise Envin

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2. Court (if federal court, name the district; if state court, name the county): Department of Justice

3. Docket or Index Number: 7510969 TPV

4. Name of Judge to whom case was assigned: not sure

5. The approximate date the action was filed: June 2, 2021

6. What was the disposition of the case?  
Is it still pending? Yes  No   
If not, give the approximate date it was resolved. not resolved

Disposition (check those statements which apply):  
 Dismissed (check the statement which indicates why it was dismissed):  
 By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;  
 By court for failure to prosecute, pay filing fee or otherwise respond to a court order;  
 By court due to your voluntary withdrawal of claim;  
 Judgment upon motion or after trial entered for  
 plaintiff  
 defendant.

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#### **5. STATEMENT OF CLAIM**

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

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A. **FIRST CLAIM:** On (date of the incident) June 2, 2021 for Sharon D. Envin, defendant (give the name and (if relevant) the position held of each defendant involved in this incident) against Niagara University. Claim filed with the DOF  
7510969 TPV

did the following to me (briefly state what each defendant named above did): Sharon D. Ervin

Arrived at Niagara University June 2, 2021 to receive all documents to complete a medical doctoral degree. The School said. They didn't know anything about my degree, or graduation from Niagara University,

The federal basis for this claim is: Civil Rights

State briefly exactly what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes:*

I would like Court collect my doctoral package from Niagara University because I am the President of the Food and Drug Administration.

**B. SECOND CLAIM:** On (date of the incident) \_\_\_\_\_, defendant (give the name and (if relevant) position held of each defendant involved in this incident) \_\_\_\_\_

did the following to me (briefly state what each defendant named above did): \_\_\_\_\_

The federal basis for this claim is: \_\_\_\_\_

State briefly exactly what you want the Court to do for you. *Make no legal arguments and cite no cases or statutes:*

**If you have additional claims, use the above format to set them out on additional sheets of paper.**

**6. SUMMARY OF RELIEF SOUGHT**

*Summarize the relief requested by you in each statement of claim above.*

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Do you want a jury trial? Yes  No

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed on 10/25/21  
(date)

**NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.**

Dr. Sharon Denise Ervin  
Dr. Sharon DENISE Ervin

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Signature(s) of Plaintiff(s)

## CIVIL COVER SHEET

Case 1:21-cv-01147-JLS Document 1 Filed 10/25/21 Page 6 of 6

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

## DEFENDANTS

21CV1147

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Dr. Shawna Denise Enin

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

James L. Mohr (PC-MED)  
Niagara University

(c) Attorneys (Firm Name, Address, and Telephone Number)

OCT 25 2021

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)          |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) |

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	PTF <input checked="" type="checkbox"/> 1	DEF <input type="checkbox"/> 1	PTF <input type="checkbox"/> 4	DEF <input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated or Principal Place of Business In Another State	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<b>Medical doctor's package was not released to this plaintiff</b>	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 410 Antitrust	
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	330 Federal Employers' Liability	<b>PERSONAL PROPERTY</b>	<input type="checkbox"/> 430 Banks and Banking	
<input type="checkbox"/> 151 Medicare Act	340 Marine	370 Other Fraud	<input type="checkbox"/> 450 Commerce	
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	345 Marine Product Liability	371 Truth in Lending	<input type="checkbox"/> 460 Deportation	
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	350 Motor Vehicle	380 Other Personal Property Damage	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations	
<input type="checkbox"/> 160 Stockholders' Suits	355 Motor Vehicle Product Liability	385 Property Damage	<input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)	
<input type="checkbox"/> 190 Other Contract	360 Other Personal Injury	Product Liability	<input type="checkbox"/> 485 Telephone Consumer Protection Act	
<input type="checkbox"/> 195 Contract Product Liability	362 Personal Injury - Medical Malpractice	<b>LABOR</b>	<input type="checkbox"/> 490 Cable/Sat TV	
<input type="checkbox"/> 196 Franchise		710 Fair Labor Standards Act	<input type="checkbox"/> 850 Securities/Commodities/ Exchange	
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 210 Land Condemnation	440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 220 Foreclosure	441 Voting	463 Alien Detainee	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 230 Rent Lease & Ejectment	442 Employment	510 Motions to Vacate Sentence	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 240 Torts to Land	443 Housing/ Accommodations	530 General	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 245 Tort Product Liability	445 Amer. w/Disabilities - Employment	535 Death Penalty	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
<input type="checkbox"/> 290 All Other Real Property	446 Amer. w/Disabilities - Other	Other:	<b>FEDERAL TAX SUITS</b>	<input type="checkbox"/> 950 Constitutionality of State Statutes
	448 Education	540 Mandamus & Other	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	
		550 Civil Rights	<input type="checkbox"/> 871 IRS—Third Party	
		555 Prison Condition	26 USC 7609	
		560 Civil Detainee - Conditions of Confinement		

## V. ORIGIN (Place an "X" in One Box Only)

- |   |   |  |   |  |  |   |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Civil Law

Brief description of cause:

N.V. refused to release my medical doctor's package

## VI. CAUSE OF ACTION

 CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

## DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND:  Yes  No

## VII. REQUESTED IN COMPLAINT:

(See instructions):

JUDGE \_\_\_\_\_

DOCKET NUMBER \_\_\_\_\_

DATE SIGNATURE OF ATTORNEY OF RECORD

10/25/21 Dr. Shawna Denise Enin

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT \_\_\_\_\_

APPLYING IFFP \_\_\_\_\_

JUDGE \_\_\_\_\_

MAG. JUDGE \_\_\_\_\_